

EXHIBIT B

MINISTRY OF CORPORATE AFFAIRS
RECEIPT
G.A.R.7

SRN: AB0288179/ BharatKoshOrderId :1-15115433223
SRN Date: 11/09/2024 17:56:31

Service Request Date:
11/09/2024

RECEIVED FROM:

Name: PUTHANPURAYIL GOVINDAN SINI

Address: Site no 2 Flat T2 Nikhila Shelters, 4th Main Kuvempunagar, Bangalore South, Bangalore South, Karnataka, 560062

ENTITY ON WHOSE BEHALF MONEY IS PAID

LLPIN/CIN/DIN: U24304MH2017PTC348859

Name: STRIDES ALATHUR PRIVATE LIMITED

Address: 201, Devavrata, Sector 17, Vashi,, , Navi Mumbai, Thane, Maharashtra, 400703

FULL PARTICULARS OF REMITTANCE

Service Type: eFiling

Service Description	Type of Fee	Amount (Rs.)
Fee for INC-28	Normal	600
	Additional	0
Total		600

Mode of Payment: Online

Received Payment Rupees: Six Hundred Rupees Only.

Note: The defects or incompleteness in any respect in this application as noticed shall be placed on the Ministry's website(www.mca.gov.in). In case the application is marked as RSUB, please resubmit the application within the due date. Please track the status of your transaction at all times till it is finally disposed off. (please refer Rule 10 of the Companies (Registration offices and Fees) Rules, 2014)

Form No. INC-28

Notice of Order of the Court or Tribunal or any other competent authority

[Pursuant to Section 12(6), 13(7), 48(4), 58(5), 87, 111(3), 66(5), 230(8), 232, 233(7), 234, 237, 252(2), 441 and others of the Companies Act, 2013 and Section 17(1), 81(4), 107(3), 167, 186, 391, 394(1), 396, 397, 398, 445, 466, 481, 518, 559, 621A, Amalgamation- Others and others of the Companies Act, 1956 and Section 7, 9, 10, 12A, 22(3), 31, 33, 54, 59(8) and others of the Insolvency and Bankruptcy Code, 2016]



Form language

☒ English

☐ Hindi

Refer instruction kit for filing the form

*All fields marked in * are mandatory*

Company Information

1 (a) *Corporate Identity Number (CIN) or Foreign Company Registration Number (FCRN)

U24304MH2017PTC348859

2 (a) *Name of the Company

STRIDES ALATHUR PRIVATE
LIMITED

(b) *Address of the registered office of the company or of the principal place of business in India of the company

201, Devavrata, Sector 17,
Vashi,,NA,Navi
Mumbai,Maharashtra,India,40070
3.

(c) *Email ID of the company

[REDACTED]

3 (a) *Order passed by

(Court/ NCLT/Central Government/NCLAT/BIFR/ Debt Recovery Tribunal (DRT)

Any other competent authority)

NCLT

(b)(i) Name of Court

[REDACTED]

(ii) Name of the Central Government office

[REDACTED]

(iii) Name of the Debt Recovery Tribunal

[REDACTED]

(iv) Name of the competent authority

[REDACTED]

(c) *Location

Mumbai

(c)(i) Others (please specify the bench name)

(d) *Petition or application number

C. P.(CAA)04/MB-I/2024 c/w C.A.
(CAA)216/MB-I/2023

(e) *Order number

C. P.(CAA)04/MB-I/2024 c/w C.A.
(CAA)216/MB-I/2023

4 *Date of passing the order(DD/MM/YYYY)

13/08/2024

5 (a) *Relevant act under which order is passed

*(The Companies Act, 2013 / The Companies Act, 1956
Insolvency and Bankruptcy Code, 2016)*

The Companies Act, 2013

(b)(i) Section of the Companies Act,2013 under which order passed

232- Amalgamation

(ii) Section of the Companies Act,1956 under which order passed

(iii) Section of Insolvency and Bankruptcy Code, 2016 under which order passed

(c) If others, mention the section of the Act

(d) Brief description of the applicable section

6 Number of days within which order is to be filed with Registrar

*(To be entered pursuant to aforesaid sections or in terms of court order or
Tribunal order or order of the competent authority, as the case may be)*

30

7 Date of application to court or Tribunal or the competent authority for issue of

13/08/2024

8 Date of issue of certified copy of order (DD/MM/YYYY)

14/08/2024

9 *Due date by which order is to be filed with Registrar(DD/MM/YYYY)

12/09/2024

10 (a) In case of compounding of offence, enter Service request number
SRN(s) of Form 61

(b) SRN of the relevant form

Form Number

(CHG-4/CHG-8/INC-23/MGT-14/ GNL-1/ Others)

If others, please specify

SRN of the relevant form

SRN of CHG-4

(c) Date of special resolution under section 66 of the Companies Act, 2013

(d) SRN of CG-1 (in case of condonation for delay in filing of forms)

11 (a) Whether penalty involved or not

☐ Yes

☒ No

(b) If Yes, SRN of payment of penalty

Details of amalgamation

12 (a) In case of amalgamation, mention whether company filing the form is transferor or

☒ Transferor

☐ Transferee

(b) Whether Transferee company is a company incorporated outside India

☐ Yes

☐ No

(c) Whether the order provides for increase in authorised share capital of the transferee company?

☐ Yes

☐ No

(d) Details of transferee company

CIN/FCRN

L24230MH1990PLC057062

Name

Strides Pharma Science Limited

Appointed date of amalgamation

01/04/2023

Details of transferor company(s)

(e) Number of transferor company(s)

Category of transferor company	CIN or FCRN or any other registration number	Name	Appointed date of amalgamation	SRN of Form INC-28
(f)	(g)	(h)	(i)	(j)

13 Authorized Share capital details

13A Details of Authorized share capital of the Transferor company

Name of the transferor company

Type of shares	Class of shares	Nominal value	Existing number of shares	Total
----------------	-----------------	---------------	---------------------------	-------

Total share capital				

13B Details of Authorized share capital of the Transferee

Name of the transferee company

				Before amalgamation	After amalgamation	
Type of shares	Class of shares	Nominal value	Existing number of shares	Total	Revised number of shares	Total
Unclassified shares						
Total share capital				0		0

In case of winding up, provide following details

14 (a) Date of commencement of winding up under section 445 of

(b) Details of the liquidator

Income-tax permanent account number (Income-tax PAN) of the

Name of Liquidator

Address

Address Line 1

Address Line 2

Country

Pin code/Zip code

Area/ Locality

City

District

State / UT

15 Date with effect from which winding up proceedings have been stayed under section 466 of The Companies Act, 1956

16 Date of dissolution under section 481 of the Companies Act, 1956(DD/MM/YYYY)

17 (a) Date with effect from which dissolution has been declared as void under section 559 of The Companies Act, 1956

(b) Whether the order is in respect of company dissolved under section 394 of The Companies Act, 1956

☐ Yes☐ No

If yes, provide details of the transferor company whose dissolution has been declared as void

CIN or FCRN

Name

Date of amalgamation(DD/MM/YYYY)

18 The paid up share capital of the company has been reduced from

Type of shares	Class of shares	Nominal value	Existing number of shares	Weather revision required	Reduction in number of shares	Revised number of shares	Existing total value	Revised total value	Total value of reduction
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
	Class1								

19 Details of Interim Resolution Professional (IRP)/ Details of Resolution Professional (RP) / Details of Liquidator

(a) Income-tax permanent account number (Income-tax PAN)

(b) IBBI Registration No.

(c) Name

(d) Mobile (with country code)

(e) Email ID

(f) Address

Address Line 1

Address Line 2

Country

Pin code/Zip code

Area/ Locality

City

District

State / UT

Attachments

1 *Copy of order of Court/ NCLT/ NCLAT/ BIFR/
Central Government/ DRT / any other Competent Authority

NCLT_final order_14 August, 2024.pdf

2 Optional attachment(s) - if any

Declaration

I am authorised by the Board of Directors of the Company vide resolution no *

NA

dated(DD/MM/YYYY) *

02/08/2023

to sign this form and I declare that all the requirements of the

companies Act,2013 and rules thereunder in respect of the subject matter of this form and matters incidental thereto have been compiled with. I further declare that:

1 Whatever is stated in this form and in the attachments thereto is true, correct and complete and no information material to the subject matter of this form has been suppressed or concealed and is as per the original records maintained by the company.

2 All the required attachments have been completely, correctly and legibly attached to this form.

*To be digitally signed by

Digitally signed by
RADHAKRISHNAN
N
VAIDYANATHAN
KOLLENGODE
Date: 2024.08.11
20:27:55 +05'30'

Particulars of person signing the form

*Name

Radhakrishnan Vaidyanathan
Kollengode

*Designation

(Director/ Managing director/Manager/ Secretary/AuthorisedRepresentative/ Liquidator
/Interim Resolution Professional (IRP)/Resolution Professional (RP)/Others)

Secretary

Capacity

*DIN or Income-tax PAN or Membership
number

Certificate by Practicing Professional

It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original records maintained by the Company which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed.

- ☐ Chartered accountant (in whole-time practice) or
- ☐ Cost accountant (in whole-time practice) or
- ☐ Company secretary (in whole-time practice)

***To be digitally signed**

SINI P
G

Digitally signed by
SINI P. G.
Date: 2024.09.11
22:06:15 +05'30'

Whether associate or fellow:

- ☒ Associate ☐ Fellow

Membership number

Certificate of practice number

Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

For office use only:

eForm Service request number (SRN)

AB0288179

eForm filing date (DD/MM/YYYY)

11/09/2024

This eForm is hereby registered

Digital signature of the authorizing officer

Date of signing (DD/MM/YYYY)